

Community Heritage Program: 2012 Project Application

Snohomish County Historic Preservation Commission, c/o Wendy Becker, 3000 Rockefeller Ave., M/S 411, Everett, WA 98201 Wendy.becker@snoco.org (425) 388-3186

DEADLINE: APRIL 9,, 2012

- Applications must be received by 5 p.m. on April 9 2012. Late or incomplete applications will not be accepted.
- **Answer all questions *in the space and format provided*** – application should be exactly 6 pages. **Do not use smaller than 10 point type.**
- Signatures of the applicant and/or authorized representative is required.
- Submit **1 signed original and 9 copies** of the application, please, 3-hole punch. Do NOT staple or print double-sided
- Submit **1 set** of current operating budget and **Board of Directors list**, which includes affiliations and length of service.
- Submit **TWO sets of support materials** (resumes, brochures, references, work samples, etc.) with original application as described in guidelines. Do NOT attach support materials to your application.

1. PROJECT SPONSOR

Organization:	
Director or Primary Contact:	
Address:	
City:	Phone:
Zip:	Fax:
E-mail:	Website:
Federal Tax ID#:	Previous Yr.'s Operating Expenditures: \$
Fiscal Year End Date:	Previous Yr.'s Revenues: \$
Project Director: (if applicable):	Title:

2. COUNCIL DISTRICT

Applicant's Snohomish County Council District: #
 State Legislative District: #
 (maps: <http://www1.co.snohomish.wa.us/Departments/Council/Districts/>)

3. SUMMARY

Project Title:

Project Description: (Max. 3 lines)

Project Budget: \$

Amount Requested: \$

4. PROJECT DESCRIPTION & CONCEPT. Explain the proposed project and how it addresses one of the four program categories of **professional development, public education, small capital or collections management**. What do you plan to do? When? Where? Include specific information regarding dates, location, and activities, as well as general information regarding the heritage content and historical significance of the proposed project.

Project Description and Concept – *continued*

Summarize the Three Principal Project Objectives:

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5. APPLICANT INFORMATION

Describe the mission and/or goals of your organization. How does the proposed project relate to and enhance them?
Why is the proposed project a priority at this time?

6. APPLICATION REVIEW CRITERIA

A. Qualifications and Project Quality. What are the qualifications and accomplishments of the project director, heritage specialists or other personnel? Cite examples of similar project-based work that has been successfully managed and/or administered. What project planning and preparation has been done? What professional standards or best practices are involved in developing the project and how will they be implemented?

B. Project Impact. What is the intended impact of this project in the community? What lasting effect or contribution do you expect to generate through this project and how will you achieve it? What resources, programs or products will be developed as a result of project activities?

C. Publicity and Audiences Served. What Snohomish County population(s) will be served? What methods of publicity and outreach will be used? How will your project raise the visibility of Snohomish County heritage?

APPLICATION REVIEW CRITERIA - *continued*

D. Evaluation and Documentation. How will you measure success in achieving the goals of the project? How will you document project activities?

E. Public Benefit and Access. How are you providing public benefit and access to the resources, programs, and products associated with the component of the project for which you are seeking funds?

F. Past Snohomish County Support. List any prior County support (hotel/motel tax money, CDBG etc.) received during the past 3 years. Please list name of funding program, year, amount, and project title. Please indicate whether past funded projects have been completed; or if still in process, please indicate status.

7. BUDGET: Expenditures and Income

- Total expenditures must equal total income, including in-kind contributions (cash value of donated materials and services), other cash income (for proposed project only), and requested HB1386 funds.
- Break down expenditures by category to include rate of pay, cost of materials, etc.
- Indicate specific use of requested HB1386 funds. Matching funds are required, but ½ match may be in-kind.
- See Guidelines (pages 7-8) for information about eligible expenses.
- Please provide additional budget information, if necessary, in Budget Narrative Section 9.
- Volunteer Hours are calculated at \$21 per hour

	Project Expenditures	Project Income		
	Column 1	Column 2	Column 3	Column 4
	Total Project Expenditures	In-kind Contributions	Other Cash Income	Requested HB1386 Funds
A. Fees: (indicate rate of pay)				
Project Director / Administration	\$	\$	\$	\$
	\$	\$	\$	\$
Professional Fees	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
B. Supplies / Materials:				
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
C. Promotion / Publicity / Outreach:				
	\$	\$	\$	\$
	\$	\$	\$	\$
D. Transportation (Who and Where):				
	\$	\$	\$	\$
	\$	\$	\$	\$
E. Assessment and Documentation:				
	\$	\$	\$	\$
	\$	\$	\$	\$
F. Other Expenditures and Income (Identify):				
	\$	\$	\$	\$
	\$	\$	\$	\$
GRAND TOTALS (Col 1 = Cols 2+3+4. Cols 2+3 must be greater or equal to Col 4. Col 3 must be 50% or more of Col 4.	\$	\$	\$	\$

8. BUDGET NARRATIVE

Use this space to provide additional information about your project budget. Describe how project expenses were derived and how you intend to provide or solicit in-kind and/or cash contributions to the overall project budget. Note other sources of income including earned revenue; contributions from corporate, business, or foundation sources; and municipal or other public support. Indicate if these contributions are confirmed. If this will be a continuing project, explain how it will be funded after this award period.

9. SIGNATURE

The signatory declares that s/he is an authorized official of the applicant non-profit organization and is authorized to make this application, and will assure that any funds received as a result of this application are used only for the purposes set forth herein.

Signature of Project Director

Date

10. APPLICANT CHECK LIST: Have you completed and enclosed the following?

- ☐ Snohomish County Council district information on page 1
- ☐ Signature of individual authorized to commit applicant in financial matters
- ☐ One original and 9 copies of the application, 3-hole punched,
- ☐ TWO sets of support materials (resumes, references, work samples, etc.) with the original application
- ☐ ONE set of current fiscal operating budget and a Board of Directors list.
- ☐ Self-addressed stamped envelope for, and a list of, any support materials to be returned